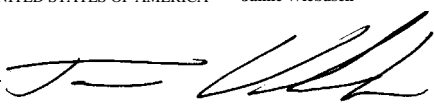


ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 4					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.													
1. CONTRACT/PURCH ORDER NO. SP0920-03-V-A152			2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD) 2003 AUG 21		4. REQUISITION/PURCH REQUEST NO. YPE03210000236		5. PRIORITY DOA1				
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCCK00 (614)692-8553 / FAX: (614)692-6931 E-mail: Joanne.Bogner@dla.mil				7. ADMINISTERED BY (If other than 6) CMDR DCMC SAN ANTONIO 615 E HOUSTON ST P O BOX 1040 SAN ANTONIO TX 78294-1040 CRITICALITY: C				8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR JGILS LLC 144 KINGSPPOINT BLVD SLIDELL LA 70461-3504 Vendor's Copy was sent EDI. Do not Duplicate shipment.				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 208 DAYS ADO		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED					
NAME AND ADDRESS				12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15							
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER ATTN DFAS BVDPC/CC 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6205 EFT: T				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER					
16. TYPE OF ORDER		DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.									
PURCHASE		<input checked="" type="checkbox"/>		Reference your offer dated 2003 AUG 12, 174709 and furnish the following on terms specified herein.									
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE EG: 97X4930 5CE0 001 26.0 S33150													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.				TOTAL: 42							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA Jamie Wiebusch BY: 				PCCHX90		25. TOTAL \$ 3831.24			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				30. INITIALS				TRACTING/ORDERING OFFICER		29. DIFFERENCE			
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				31. PAYMENT <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				31. COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL						34. CHECK NUMBER			
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

CONTINUATION SHEET

Order Number:

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SECTION B

PR YPE03210000236
NSN 6625-00-123-2199

ITEM DESCRIPTION:

TIP,TEST PROD

ADEQUATE DATA FOR THE EVALUATION OF ALTERNATE
OFFERS IS NOT AVAILABLE AT THE PROCURMENT
AGENCY. THE OFFEROR MUST PROVIDE A COMPLETE
DATA PACKAGE INCLUDING DATA FOR THE APPROVED
AND ALTERNATE PART FOR EVALUATION. THIS IS FOR
SOLICITATION PURPOSES ONLY AND DOES NOT APPLY
FOR AWARD.

CRITICAL APPLICATION ITEM

BAE SYSTEMS AEROSPACE INC (80249) P/N 750200

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE03210000236	0001	42	EA	\$91.22000	\$3831.24

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = ZZ: CLNG/DRY = X: PRESV MAT = XX:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = XX: OPI = O:
INTRMDTE CONT = XX: INTRMDTE CONT QTY = XXX:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.
SUPPLEMENTAL INSTRUCTIONS
PRESERVATION AND PACKAGING SHALL BE IAW THE
LATEST REVISION OF MILITARY SPECIFICATION:
MIL-E-17555, FOR ELECTRONIC EQUIPMENT.
WHEN ZZ IS THE METHOD OF PRESERVATION, USE LEVEL
'A' PRESERVATION AS CITED IN THE COMMODITY
SPECIFICATION.

CONTINUED ON NEXT PAGE

SECTION B

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: DESTINATION BY: 2004 MAR 16

PARCEL POST/FREIGHT ADDRESS:

SW3119
DEF DIST DEPOT WARNER ROBINS
455 BYRON STREET BLDG 376
ROBINS AFB GA 31098-1887

NON-MILSTRIP
PROJ CI1

* * * * *

REMIT PAYMENT TO:

* * * * *

CONTINUED ON NEXT PAGE

CONTINUATION SHEET	Order Number: SP0920-03-V-A152	PAGE 4	OF PAGES 4
<p>THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE DSCC MASTER SOLICITATION FOR AUTOMATED SOLICITATIONS AND RESULTING AWARDS REVISION 12 FOUND ON THE DSCC WEB SITE AT http://dibbs.dscc.dla.mil/refs/provclauses/</p>			